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ABSTRACT

Recent reports indicate that a significant number of college-age women suffer from bulimarexia. To investigate the success of experiential-insight, behaviorally-oriented therapy groups in helping college students cope with eating disorders, 26 students (25 females, 1 male) participated in 1 to 10 weekly therapy sessions. The groups, which were feminist in orientation, consisted of 6 to 8 members, and used behavioral techniques, guided fantasy, and awareness exercises to focus on social pressures. Follow-up questionnaires were completed by all subjects. The results showed that 75 percent of those treated for eating disorders reported some improvement in their eating problems over the preceding school year. The students attributed their improvement to the support they received and gave in group therapy. A principal goal of the therapy groups was a general improvement in members' lives, rather than limited change in eating behavior. More than half of those who reported improvement in eating problems also found positive change in their lives. (BL)

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Group Treatment of College Students with Eating Disorders

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Group Treatment of College Students

with Eating Disorders

Recent reports indicate that a significant number of college-age women suffer from what is now being called bulimarexia (Boskind-Lodahl & White, 1978), the gorging-purging syndrome (Boskind-Lodahl & Sirlin, 1977), the binge-purge cycle (Langway, Zabarsky, Maier, & Prout, 1981; Van, 1981), or bulimia or bulimia nervosa (Pediatric Alert, 1982). The bulimarexic syndrome has been defined by Boskind-Lodahl and her associates as a cyclical eating disorder in which the person first gorges or binges and then purges herself/himself of that food, through self-induced vomiting, laxatives, fasting, or amphetamine abuse. Other definitions ofsome of the same terms focus on binging without purging. The multiple terms and definitions reflect a more general diversity and perhaps confusion on the part of professionals studying or treating the problems.

Boskind-Lodahl & White (1978) reported that bulimarexia is quite persistent, that few investigators have noted its increase in university populations, and that no effective treatment plan existed at the time of their report. Attempted treatment methods included psychodynamic, behavior, family, and medical/chemical therapies. Boskind-Lodahl and her associates developed a feminist group therapy approach with a focus on social pressures. Preliminary evaluation of any of these methods indicated that there might be short-term improvement without long-term success.

The present study examined the success of experiential-insight-behaviorally oriented therapy groups in helping members cope with eating disorders. The members were questioned in some detail about their feelings of improvement and correlates of that improvement, including the effects of therapy.

Method

Twenty-six university students participated in the present study. The sample included one male. The students were members in 4 therapy groups, each of which had 6 to 8 members plus 1 "resource" person (semi-leader and semi-member with a present or past eating disorder). All came to the mental health clinic of a large midwestern university health center (September 1981 to May 1982) requesting treatment for eating disorders. The therapists kept detailed accounts of an on-going group therapy approach based partially on the work of Boskind-Lodahl and her associates, who developed a group therapy program incorporating a feminist perspective and an experiential-behavioral orientation.

The 4 groups in the study met once a week, with a second meeting each week of subgroups without therapists. The groups were utilized to overcome the women's isolation and shame, emphasize awareness and responsibility, redirect the women's attention from a preoccupation with food to their feelings, and help them learn other ways of dealing with those feelings. The approach involved an examination of culturally-influenced assumptions, training in assertiveness, and enhancement of intimacy and trust of other women. Behavioral techniques included daily journals, short-term goal-setting, role-playing, hypnosis, and guided fantasy and awareness exercises.

Treatment ranged from 1 to 10 large-group meetings and up to 10 small-group meetings. In a post-treatment follow-up contact (by phone and/or letter) ranging from the end of the school year (late April 1982) to early August, all 26 clients responded to a 9-item questionnaire.

Results and Discussion

Seventy-five percent of those treated for eating disorders reported some improvement in their eating problems over the past school year. The improvement ranged from slight (58% of those reporting improvement) to moderate (21%), to elimination of the problem (21%). The improvement had lasted anywhere from "off

and on" or a matter of "days" (29%) to 1 to 4 weeks (25%), 1 to 4 months (21%), a few months (17%), or 6 to 7 months (8%). Of the 4 students who reported eliminating the problem, 1 stated the improvement had lasted for 6 weeks, 1 for 7 weeks, 1 for 3.5 months, and 1 for 7 months. Four students (16%) reported their problem remained the same, and 3 more (12%) reported becoming worse.

An additional question was asked about improvement in the rest of the student's life in the past school year. Of all respondents, 50% reported change for the better, 38% no change, 3% change for the worse, and 9% changed but uncertain if for the better or worse. Of the 26 students, 39% reported improvement in both the eating problem and in the rest of their lives, with 34% more reporting improvement in eating and no general change or some change but not necessarily for the better or worse. Of the 4 students whose eating problems remained the same,2 reported an improved life and 2 an unchanged life. Of the 3 whose eating problems became worse, 1 reported some change in life (though not better or worse), 1 no change, and 1 change for the worse.

The 19 students who reported any improvement were asked to what they attributed that improvement. Responses ranged from one to several per person and upon inspection seemed to fall into several categories. The most frequent reasons given for improvement were support from other people (either the therapy group or others--listed by 7 respondents), keeping busy in a variety of activities (6), insight into their problems (6), and self-acceptance or increased self-esteem (3). Therapy was mentioned specifically by some (3), as was keeping life in order or getting settled (2), church and prayer (2), and making changes in relatioships (either getting closer or more distant--2). Miscellaneous reasons (given by only 1 person each) were changing thinking or labeling of the problem, or focus on other areas of life.

All 26 students were asked what steps they took to change their eating problems during the past school year. Nine mentioned thinking about it and/or writing down what they ate and felt. Other steps listed frequently were therapy (9),

trying to eat less or more (6), activities or more structure in their lives (5), and support from others (5). Self-acceptance was an important step (3), as was self-control (2). Miscellaneous responses included trying to understand, relaxing more, trying not to think about food or the future (and getting involved in the immediate present), focus on other areas of life, leaving school for a while, changing values, thinking about different things, simply deciding to stop, trying self behavior modification, and making a class presentation on eating disorders.

Specific questions were asked about the therapy students had undergone. They were asked whether there was anyt-ing in therapy especially helpful, ineffective, and harmful. The overwhelming response about helpfulness focused on group support: Talking and being around others with the same problem, group caring, sharing common experiences, and listening to and supporting the other group members. Sixteen respondents mentioned this factor. Only 2 listed insight, 2 setting weekly goals. Also reported as helpful (by one person each) were "everything," individual therapy, writing everything down, hypnosis, help with a friend's suicide attempt, and a stimulated interest in a research career in the area of eating disorders.

Four students said there had been nothing ineffective about the therapy, and 13 did not answer this question. The remainder showed no agreement on the ineffective elements of therapy. The list of single responses consisted of wanting a smaller group, wanting more specific information on such matters as self-hypnosis and coping with tension or nervousness, not having learned control, wanting individual therapy (not group discussion), lack of specific direction of meetings, feeling better off than the others so that listening to them did not help, wanting to talk about feelings and feeling the group was not progressing, keeping a journal and thus mistakenly dwelling on what group members ate, and listening to others' successes and advice.

As to what was actually harmful about therapy, 9 claimed there was nothing and 11 did not answer the question. Two mentioned feeling different from the other group members (i.e., being anorexic as opposed to bulimic). There were

several single responses as well: Objecting to mixing those who purged with those did not, feeling anxious in a large group, hearing others' depressing stories and thus dwelling on the problem, and an emphasis on telling one's body weight.

Additional comments were solicited from the students. Several students reported a continuing preoccupation with food and weight, and a growing realization that a "cure" might be impossible. However, there were a number of comments indicating a new attitude and ability to cope with these feelings. Some individuals wanted to handle the eating problem on their own, some mentioned other helpful programs, and some commented favorably on the therapy they had just undergone. Many of the students emphasized the importance of support in their comments. Most of them were interested in continued involvement in the therapy program, at least in a "resource" or helping capacity.

Evaluation of a group therapy approach to university students with eating disorders indicated more success than expected with a reportedly stubborn problem, if success was self-measured as some improvement rather than objective eradication of the problem. The students attributed their improvement in large part to the support they received and gave in group therapy. A principal goal of the therapy groups was a general improvement in members' lives, rather than limited change in eating behavior, and in fact more than half of those who reported improvement in eating problems also found positive change in their lives.

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